

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0107274
Insp Area: 1

Site Address: 931 SANTA YNEZ WY SAC
Parcel No: 007-0074-014

Sub-Type: RES
Housing (Y/N): N

CONTRACTOR
BEUTLER HEATING AND AIR
PO BOX 515015
SAC CA 95851

OWNER
LEAL VIRGINIA
931 SANTA YNEZ WY
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: RPLC SPLIT SYSTEM HVAC

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class C-20 C-43 License Number 162634 Date 06/08/01 Contractor Signature Jal M. Lujan

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code, any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00).

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code. The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code. The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 06/08/01 Applicant/Agent Signature Jal M. Lujan

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

ms I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier U.S. FIRE INSURANCE CO Number 406027862 Exp Date 04/01/2002

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 06/08/01 Applicant Signature Jal M. Lujan

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAKED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
Note: Contractors must have a current certificate of Worker's Compensation Insurance.
Note: Work started before a Building Permit is issued will be subject to a grand fee.

DATE: 6-7-01

SP's req'd
HV

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

JOB ADDRESS: 931 SANTA YNEZ WAY UNIT # _____ ⇒ CONTRACT PRICE \$ 855,600

⇒ CONTACT PERSON: ANNA ⇒ CONTACT PHONE: (916) 646-2230

Property Owner: KEN FAHN Contractor: BEUTLER HEATERS HVAC License # 162634
Address: 931 SANTA YNEZ WAY Address: 4700 LARK AVE
City/State/Zip: SACRAMENTO, CA 95816 City/State/Zip: MCLELLAN, CA 95652
Phone: (916) 803-3535 Phone: (916) 646-2230 FAX: (916) 646-2240

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE SQUARES _____ Material: _____ <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> 1/2" x 1/2" <input type="checkbox"/> Horiz. <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Heat amount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or chld. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Values of chld work: _____ Equipment # _____ Cut-in # _____ Note: Design Review approval may be required for rooftop units.	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Reinstall <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required for roof-top units.	<input type="checkbox"/> MINOR ELECTRIC AND/OR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change & taps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential) and single apartment units ONLY) <input type="checkbox"/> SMOOD <input type="checkbox"/> PRGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: REMOVE EXISTING SYSTEMS AND INSTALL NEW A/C, FURNACE, AND COIL

PRODUCER
Marsh Risk & Insurance Services
License No. 0437153
777 South Figueroa Street
Los Angeles, CA 90017
Attn: B. DeNofa - Phone: 213-346-5081, Fax: 213-346-5938

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

23705 -BHVAC-ALL-01-02 RESID
INSURED
BEUTLER HEATING & AIR CONDITIONING
9605 GATES DRIVE
SACRAMENTO, CA 95827

COMPANIES AFFORDING COVERAGE

COMPANY A	National Union Fire Insurance Company
COMPANY B	United States Fire Insurance Company
COMPANY C	N/A
COMPANY D	NORTH AMERICAN CAPACITY INS CO

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																																
D	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> PER PROJECT AGGREGATE	BJG 0000352 00	02/01/01	02/01/02	<table border="1"> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/DP AGG</td><td>\$ 2,000,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 2,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr> <tr><td>COMBINED SINGLE LIMIT</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN AUTO ONLY</td><td>\$</td></tr> <tr><td>EACH ACCIDENT</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> </table>	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/DP AGG	\$ 2,000,000	PERSONAL & ADV INJURY	\$ 2,000,000	EACH OCCURRENCE	\$ 2,000,000	FIRE DAMAGE (Any one fire)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	COMBINED SINGLE LIMIT	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY	\$	EACH ACCIDENT	\$	AGGREGATE	\$	EACH OCCURRENCE	\$	AGGREGATE	\$
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	408027862	04/01/01	04/01/02	<table border="1"> <tr><td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td><td>OTHER</td><td>\$</td></tr> <tr><td>EL EACH ACCIDENT</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>EL DISEASE-POLICY LIMIT</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>EL DISEASE-EACH EMPLOYEE</td><td></td><td>\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	\$	EL EACH ACCIDENT		\$ 1,000,000	EL DISEASE-POLICY LIMIT		\$ 1,000,000	EL DISEASE-EACH EMPLOYEE		\$ 1,000,000																				
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DESCRIPTION OF OPERATIONS/LOCATION(S)/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)
Project: All California Operations

IF SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO LIABILITY OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

MARSH USA INC.
John F. Wasley *[Signature]*